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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional) 80262.0101
<p>I hereby declare that:</p> <p>My residence and mailing address and citizenship are stated below next to my name.</p> <p>I am authorized to act on behalf of the following assignee: <u>Systems &amp; Processes Engineering Corporation</u> and the title of my position with said assignee is: <u>President and CEO</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Name of Patentee(s): Tommy Clay Cruce, William H. Hallidy and Robert C. Chin		
Patent Number 5,981,957	Date of Patent Issued 11/09/1999	
Title of Invention Signal Generation and Mixing Electronics for Frequency-Domain Lifetime and Spectral Fluorometry		
<p>I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled _____ Signal Generation and Mixing Electronics for Frequency-Domain Lifetime and Spectral Fluorometry _____</p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____ and was amended on _____ (If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input checked="" type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input checked="" type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described as follows: There is an incorrect element in all of the independent claims</p> <p>[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>		

<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) 80262.0101	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
Matthew J. Booth		35,454	
Karen S. Wright		45,240	
Correspondence Address: Direct all communications about the application to:			
<input checked="checked" type="checkbox"/> Customer Number		<div style="border: 1px solid black; padding: 5px; display: inline-block;">         23309       </div> <div style="display: inline-block; vertical-align: middle; text-align: center;"> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;">         Place Customer Number Bar Code Label Here       </div>	
OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name)			
Randolph E. Noster			
Signature		Date	
		11/06/01	
Address of Assignee			
101 West 6th Street, Suite 200, Austin, Texas 78701-2932			
Patentee		Citizenship	
Tommy C. Cruce		USA	
Residence/Mailing Address			
11306 Beach Road, Leander, Texas 78641			
Patentee		Citizenship	
William H. Hallidy		USA	
Residence/Mailing Address			
508 Bellevue Place, Austin, Texas 78705			
<input checked="checked" type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			

<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) 80262.0101	
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Correspondence Address: Direct all communications about the application to: <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> Customer Number         <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 10px;"></div> <div style="margin: 0 10px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 150px;">           Place Customer Number Bar Code Label Here         </div> </div> <div style="margin-top: 10px; text-align: center;"> <b>OR</b>  <input type="checkbox"/> Firm or Individual Name         </div>			
<div style="text-align: center; margin-top: 10px;">Type Customer Number Here</div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Firm or Individual Name         </div> <div style="width: 55%;"></div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Address</div> <div style="width: 55%;"></div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Address</div> <div style="width: 55%;"></div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City</div> <div style="width: 10%;">State</div> <div style="width: 10%;">Zip</div> <div style="width: 35%;"></div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Country</div> <div style="width: 55%;"></div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Telephone</div> <div style="width: 10%;">Fax</div> <div style="width: 45%;"></div> </div>			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) _____			
<div style="display: flex; justify-content: space-between;"> <div style="width: 55%;">Signature</div> <div style="width: 45%;">Date</div> </div>			
Address of Assignee _____			
<div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> <b>Patentee</b> Robert C. Chin         </div> <div style="width: 45%;"> <b>Citizenship</b> USA         </div> </div>			
Residence/Mailing Address 12409 Stanzel Drive, Austin, Texas 78729			
<div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> <b>Patentee</b> </div> <div style="width: 45%;"> <b>Citizenship</b> </div> </div>			
Residence/Mailing Address			
<input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			

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**REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number (Optional)

80262.0101

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,981,957, granted 11/09/1999, and for which a reissue patent is sought on the invention entitled \_\_\_\_\_

Signal Generation and Mixing Electronics for Frequency-Domain Lifetime and Spectral Fluorometry  
the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_ / \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

There is an incorrect element in all of the independent claims

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## (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

80262.0101

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s)

Registration Number

Mathew J. Booth

35,454

Karen S. Wright

45,240

Correspondence Address: Direct all communications about the application to:



Customer Number

23309

Type Customer Number here

Place Customer Number Bar  
Code Label here☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

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Full name of sole or first inventor (given name, family name)

Tommy Clay Cruce

Inventor's signature

*Tommy Clay Cruce*

Date

11-6-01

Residence

11306 Beach Road, Leander, TX 78641

Citizenship

USA

Mailing Address

11306 Beach Road, Leander, TX 78641

Full name of second joint inventor (given name, family name)

William H. Hallidy

Inventor's signature

*William Hallidy*

Date

8/Nov/01

Residence

508 Bellevue Place, Austin, TX 78705

Citizenship

USA

Mailing Address

508 Bellevue Place, Austin, TX 78705

Full name of third joint inventor (given name, family name)

Robert C. Chin

Inventor's signature

Date

Residence

12909 Stanzel Drive, Austin, TX 78729

Citizenship

USA

Mailing Address

12909 Stanzel Drive, Austin, TX 78729

☐ Additional joint inventors are named on separately numbered sheets attached hereto.

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## (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

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Full name of sole or first inventor (given name, family name)

Tommy Clay Cruce

Inventor's signature

Date

Residence

11306 Beach Road, Leander, TX 78641

Citizenship

USA

Mailing Address

11306 Beach Road, Leander, TX 78641

Full name of second joint inventor (given name, family name)

William H. Hallidy

Inventor's signature

Date

Residence

508 Bellevue Place, Austin, TX 78705

Citizenship

USA

Mailing Address

508 Bellevue Place, Austin, TX 78705

Full name of third joint inventor (given name, family name)

Robert C. Chin

Inventor's signature



Date

11/08/01

Residence

12909 Stanzel Drive, Austin, TX 78729

Citizenship

USA

Mailing Address

12909 Stanzel Drive, Austin, TX 78729

☐ Additional joint inventors are named on separately numbered sheets attached hereto.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)  
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Name(s) Registration Number

Mathew J. Booth 35.454  
Karen S. Wright 45.240

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Full name of sole or first inventor (given name, family name)

Tommy Clay Cruce

Inventor's signature	Date
Residence 11306 Beach Road, Leander, TX 78641	Citizenship USA
Mailing Address 11306 Beach Road, Leander, TX 78641	

Full name of second joint inventor (given name, family name)

William H. Hallidy

Inventor's signature	Date
Residence 508 Bellevue Place, Austin, TX 78705	Citizenship USA
Mailing Address 508 Bellevue Place, Austin, TX 78705	

Full name of third joint inventor (given name, family name)

Robert C. Chin

Inventor's signature	Date
Residence 12909 Stanzel Drive, Austin, TX 78729	Citizenship USA
Mailing Address 12909 Stanzel Drive, Austin, TX 78729	

☐ Additional joint inventors are named on separately numbered sheets attached hereto.

**REISSUE APPLICATION: CONSENT OF ASSIGNEE;  
STATEMENT OF NON-ASSIGNMENT**

Docket Number (Optional)

80262.0101

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s) Tommy Clay Cruce, William H. Hallidy and Robert C. Chin

Patent Number 5,981,957

Date Patent Issued 11/09/1999

Title of Invention Signal Generation and Mixing Electronics for Frequency-Domain Lifetime and Spectral Fluorometry

1. ☒ Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2. ☐ Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

Systems &amp; Processes Engineering Corporation

The assignee(s) owning an undivided interest in said original patent is/are \_\_\_\_\_  
and the assignee(s) consents to the accompanying application for reissue.

Name of assignee/inventor (if not assigned)

Signature

*R E Noster*

Date

11/08/01

Typed or printed name and title of person signing for assignee (if assigned)

Randolph E. Noster, President and CEO